



**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2011 - JUNE 30, 2012
Deadline: July 13, 2012**

COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS
2012 JUL 17 AM 8 21
THOMAS J. PASTUSZKA
CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT/COURT INFORMATION:

Department/Court: Health and Human Services Agency
Division/Unit: PHS / Maternal, Child and Family Health Services

2. VOLUNTEER PROGRAM BENEFITS:

a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc).

No. of Vol.	1	Hours	60	X	\$21.79	=	\$1,307.40
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Types of work performed by GENERAL VOLUNTEERS in this category:

Volunteer provided support to the Black Infant Health program assisting with program quality improvement projects and evaluation: (1) Lean Six Sigma project to identify barriers to completing program forms and data entry as well as other program deliverables; (2) Assisted with researching funding opportunities for the BIH program and planning for Celebrate Healthy Babies events.

b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. of Vol.		Hours		X	\$21.79	=	\$0.00
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.)

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
No. of Vol. Total Hours 0 Total Value =					\$0.00

Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>		<u>Hours</u>	<u>Dollar Benefit</u>
2a.	1	60	\$1,307.40
2b.			
2c.			
Total Vol.		1 Hours	60 Total Value =
			\$1,307.40

3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated:	_____	Value:	_____
Item Donated:	_____	Value:	_____
Item Donated:	_____	Value:	_____
Item Donated:	_____	Value:	_____
Item Donated:	_____	Value:	_____

TOTAL VALUE =	\$0.00
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4. VOLUNTEER PROGRAM COSTS:

a. Cost of supervision of volunteers (total hours of direct supervision multiplied by the hourly rate of staff person (s) directly supervising program volunteers.)

Hours	20	X	Rate	\$44.38	=	\$887.60
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b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

Hours		X	Rate		=	\$0.00
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c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

<u>Item</u>	<u>Cost</u>
Email Services	\$21.84
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL OF OTHER PROGRAM COSTS	=	\$21.84
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d. TOTAL OF VOLUNTEER PROGRAM COST (add 4a, 4b, and 4c)	=	\$909.44
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5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	\$1,307.40
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	\$0.00
c. Subtract Total of Program Costs, Item 4d (Page 3)	\$909.44

TOTAL PROGRAM BENEFIT

\$397.96

6. RECRUITING:

Please describe your recruiting programs:

7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:

Please describe any special activities and/or achievements your program was involved in during the period of this report:

(1) Lean Six Sigma Project - work with BIH staff to identify barriers and develop solutions to improving program services. (2) Worked BIH staff to identify potential funding sources to help support BIH program activities. (3) Developed protocols for program implementation to help streamline processes.

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2012-13:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Program goals - Increase awareness in the community of health disparities and promote BIH program services. Recruit 1 volunteer to assist program with providing presentations to community organizations.

9. **GENERAL INFORMATION:**

Name of person completing report: Rhonda Freeman
Phone: 619/542-4039 Mail Stop: P511H E-Mail: Rhonda.Freeman@sdcounty.ca.gov
Volunteer Coordinator: Wilfredo Perez
Phone: 619/542-4049 Mail Stop: P511H E-Mail: Wilfredo.Perez@sdcounty.ca.gov

10. **DEPARTMENT CERTIFICATION:**


DEPARTMENT HEAD SIGNATURE

7/12/12
DATE